

West Valley City Housing Authority Assistance Application

Personal Declaration

Please print or type. The information you give on the form regarding household composition, income, family assets and deduction must be accurate and complete. Complete all sections. Failure to complete this form accurately and completely will result in you not being placed on the waiting list.

Full Applicant Name _____

Address _____ Apt. # _____ City, State _____ Zip _____ Home # _____ Work # _____

A. HOUSEHOLD ADULT MEMBERS: [List children in part B.] List yourself and all other persons who are part of your application. In addition, list all other persons currently living/staying in the same residence with you. List all adults, age 18 and over in this section. Print clearly. This section is for adults only.

1. _____

Last Name _____ First Name _____ Middle Name _____ Social Security # _____

Birth Place/City, State _____ Birth Date _____ Driver's License #/ State _____

Check all that apply:

☐ Single ☐ Married ☐ Male ☐ Divorced ☐ Female ☐ Separated
☐ Widow ☐ Student ☐ Disabled ☐ Handicapped
☐ Employed ☐ Unemployed ☐ Self employed ☐ Retired

Relation to Head of Household:
SELF

If you are separated or divorced, complete the following:

Spouse/Ex-spouse Name _____ Address _____ Social Security # _____ Birth Date _____

2. _____

Last Name _____ First Name _____ Middle Name _____ Social Security # _____

Birth Place/City, State _____ Birth Date _____ Driver's License #/ State _____

Check all that apply: *Housing Assistance Applicant* ☐ Yes ☐ No

☐ Male ☐ Female
☐ Single ☐ Married ☐ Divorced ☐ Separated
☐ Widow ☐ Student ☐ Disabled ☐ Handicapped
☐ Employed ☐ Unemployed ☐ Self employed ☐ Retired

Relation to Head of Household:

If separated or divorced, complete the following:

Spouse/Ex-spouse Name _____ Address _____ Social Security # _____ Birth Date _____

3. _____

Last Name _____ First Name _____ Middle Name _____ Social Security # _____

Birth Place/City, State _____ Birth Date _____ Driver's License #/ State _____

Check all that apply: *Housing Assistance Applicant* ☐ Yes ☐ No

☐ Male ☐ Female
☐ Single ☐ Married ☐ Divorced ☐ Separated
☐ Widow ☐ Student ☐ Disabled ☐ Handicapped
☐ Employed ☐ Unemployed ☐ Self employed ☐ Retired

Relation to Head of Household:

If separated or divorced, complete the following:

Spouse/Ex-spouse Name	Address	Social Security #	Birth Date
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B. CHILDREN IN HOUSEHOLD: List all children who live with you.

1.

Last Name	First Name	Middle Name		
Social Security #	Sex	Age	Birth Date	Birth Place/City, State
School Name	Address		Zip Code	
Mother's Name	Social Security #	Birth Date	Address	
Father's Name	Social Security #	Birth Date	Address	

2.

Last Name	First Name	Middle Name	Relation to Head of Household	
Social Security #	Sex	Age	Birth Date	Birth Place/City, State
School Name	Address		Zip Code	
Mother's Name	Social Security #	Birth Date	Address	
Father's Name	Social Security #	Birth Date	Address	

3.

Last Name	First Name	Middle Name	Relation to Head of Household	
Social Security #	Sex	Age	Birth Date	Birth Place/City, State
School Name	Address		Zip Code	
Mother's Name	Social Security #	Birth Date	Address	
Father's Name	Social Security #	Birth Date	Address	

4.

Last Name	First Name	Middle Name	Relation to Head of Household	
Social Security #	Sex	Age	Birth Date	Birth Place/City, State
School Name	Address		Zip Code	
Mother's Name	Social Security #	Birth Date	Address	
Father's Name	Social Security #	Birth Date	Address	

5.

Last Name	First Name	Middle Name	Relation to Head of Household	
Social Security #	Sex	Age	Birth Date	Birth Place/City, State
School Name	Address		Zip Code	
Mother's Name	Social Security #	Birth Date	Address	
Father's Name	Social Security #	Birth Date	Address	

C. FOSTER CHILDREN: Is anyone in your home a foster child? ☐ Yes ☐ No If yes, list complete name for each child:

D. LIST ALL FULL-TIME STUDENTS 18 YEARS OF AGE OR OLDER:

Student's Name	Name and Address of School
Student's Name	Name and Address of School
Student's Name	Name and Address of School

E. WORKING: Is anyone working or expecting to work in the next 6 months? ☐ Yes ☐ No

If yes, complete the portion below. (If self-employed, please provide a ledger of income and expenses.)

Name	Occupation	Gross Wages Per Month	
Employer's Name	Address	City, State, Zip	Phone
Do you ever receive any of the following:			
Overtime	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Commission	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name	Occupation	Gross Wages Per Month	
Employer's Name	Address	City, State, Zip	Phone
Do you ever receive any of the following:			
Overtime	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Commission	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name	Occupation	Gross Wages Per Month	
Employer's Name	Address	City, State, Zip	Phone

Do you ever receive any of the following:

Overtime	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tips	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bonus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Commission	<input type="checkbox"/> Yes	<input type="checkbox"/> No

F. INCOME: Does anyone, including children, receive or expect to receive money from any source listed below? Check "Yes" or "No" for each item. If yes, list who and amount received monthly.

Item	Yes	No	Who	Monthly Amount
• Training	<input type="checkbox"/>	<input type="checkbox"/>		
• Work Study	<input type="checkbox"/>	<input type="checkbox"/>		
• Educational Loans	<input type="checkbox"/>	<input type="checkbox"/>		
• Grants, Scholarships	<input type="checkbox"/>	<input type="checkbox"/>		
• TANF	<input type="checkbox"/>	<input type="checkbox"/>		
• General Assistance	<input type="checkbox"/>	<input type="checkbox"/>		
• Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>		
• State Disability	<input type="checkbox"/>	<input type="checkbox"/>		
• Workers Compensations	<input type="checkbox"/>	<input type="checkbox"/>		
• Child Support	<input type="checkbox"/>	<input type="checkbox"/>		
• Spousal Support/Alimony	<input type="checkbox"/>	<input type="checkbox"/>		
• Social Security	<input type="checkbox"/>	<input type="checkbox"/>		
• SSI	<input type="checkbox"/>	<input type="checkbox"/>		
• Pension / Retirement	<input type="checkbox"/>	<input type="checkbox"/>		
• Veteran's Benefit	<input type="checkbox"/>	<input type="checkbox"/>		
• Military Allotment	<input type="checkbox"/>	<input type="checkbox"/>		
• Railroad Retirement	<input type="checkbox"/>	<input type="checkbox"/>		
• Interest / Asset	<input type="checkbox"/>	<input type="checkbox"/>		
• Rental Property Income	<input type="checkbox"/>	<input type="checkbox"/>		
• Second Job	<input type="checkbox"/>	<input type="checkbox"/>		
• Church Leaders/Members	<input type="checkbox"/>	<input type="checkbox"/>		
• Other, Explain:	<input type="checkbox"/>	<input type="checkbox"/>		

TANF or GA _____
 Worker Name Number DWFS Office Address City, State, Zip Phone

TANF or GA _____
 Worker Name Number DWFS Office Address City, State, Zip Phone

G. DAYCARE: Do you employ the services of a Care Provider for a child 12 years of age or younger or for a disabled person while you work or attend school? ☐ Yes ☐ No If yes, complete the following:

1) Care Provider Name _____ Amount Paid Per Week _____
 Care Provider Address _____ Phone _____
 Reason for Care _____

2) Care Provider Name _____ Amount Paid Per Week _____
 Care Provider Address _____ Phone _____
 Reason for Care _____

H. GIFTS AND LOANS: Does anyone receive contributions, gifts or loans from any source? ☐ Yes ☐ No

If yes, complete the following:

Item Received	Value of Item	Who Gives the Item
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I. PROPERTY: Does anyone own or is buying real estate, such as land and/or buildings, mobile homes, etc. anywhere?

☐ Yes ☐ No If yes, complete the following:

Type	Address	Estimated Value
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J. RESOURCES: Does anyone, including children, have any of the following resources? Check "Yes" or "No" for each item. If yes, list who and amount.

Item	Yes	No	Who	Amount
• Cash	<input type="checkbox"/>	<input type="checkbox"/>		
• Checking Accounts	<input type="checkbox"/>	<input type="checkbox"/>		
How many Checking Accounts do you have?_____				
• Savings Account(s)	<input type="checkbox"/>	<input type="checkbox"/>		
How many Savings Accounts do you have?_____				
• Life Insurance Policy	<input type="checkbox"/>	<input type="checkbox"/>		
• Trust Funds	<input type="checkbox"/>	<input type="checkbox"/>		
• Stocks or Bonds	<input type="checkbox"/>	<input type="checkbox"/>		
• Certificates of Deposit or Money Market Account	<input type="checkbox"/>	<input type="checkbox"/>		
• Notes, Mortgages, or Deeds	<input type="checkbox"/>	<input type="checkbox"/>		
• Retirement Accounts	<input type="checkbox"/>	<input type="checkbox"/>		
• Deferred Compensation	<input type="checkbox"/>	<input type="checkbox"/>		
• Safe Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>		
• Real Estate	<input type="checkbox"/>	<input type="checkbox"/>		
• Other, Explain:	<input type="checkbox"/>	<input type="checkbox"/>		

If yes to any items above, complete the following:

Type of Resource	Current Value	Name and Address of Institution	Account Number

K. OTHER INCOME: Does anyone receive any income from any other source, including someone outside your household pay for any of your bills or giving you money? ☐ Yes ☐ No If yes, please explain: _____

L. VEHICLES: Does anyone own or have the use of any vehicle, such as car, truck, motor home, motorcycle, off-road vehicle, camper, boat or any other type of vehicle? ☐ Yes ☐ No If yes, complete the following:

Type	License #	State	Year	Make and Model

M. LIVE-IN AIDE: Do you have a live-in aide and require around the clock medical care? ☐ Yes ☐ No If yes, complete the following:

Aide's Name

Social Security Number

Do you pay for this service yourself? ☐ Yes ☐ No If no, please explain:

N. Have you or any member of your household listed in this application ever been arrested for any drug related criminal activity? ☐ Yes ☐ No If yes, please give dates, charges, city and state:

O. Have you or any member of your household listed in this application ever been arrested for any felonious violent criminal activity that has one of its elements in the use, attempted use, or threatened use of physical force against a person or property of another? ☐ Yes ☐ No If yes, please give dates, charges, city and state:

P. Have you or any other adult member of your household ever used any name(s)/social security numbers other than the one you have listed? ☐ Yes ☐ No If yes, please explain:

Q. Have you or any other adult member of your household sold any business or asset in the last two years for less than its full value? ☐ Yes ☐ No If yes, please explain:

R. Have you or any other household member lived in any assisted housing? ☐ Yes ☐ No If yes, give the details:

S. Have you ever committed any fraud in any housing assistance program or been requested to repay money for knowingly misrepresenting information for such housing programs? ☐ Yes ☐ No If yes, please explain:

T. Are there any children seven years of age or younger who have an elevated blood level of lead? ☐ Yes ☐ No

U. MEDICAL EXPENSES - ELDERLY HANDICAPPED OR DISABLED FAMILIES ONLY.

If the head of household or spouse of the head of household is: a) 62 years of age or older, b) handicapped; or c) disabled; and if any household member pays for medications, medical/dental treatments, medical insurance, or prescribed appliances which are not reimbursed, bring in verification of monthly/yearly costs. You may bring in receipts for medicine or a statement from your pharmacist itemizing the medications and cost. Be sure to bring your medicare and insurance statements with you.

Name of Pharmacy

Address

City, State, Zip

Head of Household Only, please complete:
Enter code which best describes your race.

Race []	Ethnicity []
1- White	1- Hispanic
2- Black or African American	2- Non-Hispanic
3- American Indian/ Alaskan Native	
4- Asian/ Pacific Islander	

FEDERAL PRIVACY ACT NOTICE

Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicants eligibility, the recommended unit size, and th amount the family must pay towards rent and utilities.

HUD uses family income and other information to assist in managing and monitoring HUD-assisted housing programs; to protect the Government's financial interest; and to verify the accuracy of the information furnished. HUD or a public housing agency/ Indian housing authority may conduct a computer match to verify the information you provided. This information may be released to appropriated Federal, State, and local agencies, when relevant, and to civil, criminal or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

You must provide all the information requested by the public housing agency, including all social security numbers you, and all other household members age six (6) years and older, have and use. Giving the social security number of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility decision.

Authority for information collection: The following laws authorize the collection of this information by HUD or the public housing agency; the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and resident to submit the social security numbers of all household members at least six (6) years old.

APPLICANT/ TENANT CERTIFICATION AND NOTICE

I/We certify that the information* given to the Public Housing Authority on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my/out knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

* After verification of the PHA, the information will be submitted to HUD on Form HUD-50058 (Tenant and Data Summary, a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Notice for more information about its use)

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

I do hereby swear and attest that all the information above about me and my household is true and correct. I also understand that all changes in household members or income must be reported to the Public Housing Authority *IN WRITING* immediately.

I declare under penalty of perjury under the laws of the United States of America and the State of Utah that the information contained in this statement of facts is true, correct and complete.

Signature of Head of Household Date

Signature of Head of Household Date

Signature of Other Adult Date

Signature of Other Adult Date

NOTE: If this form is completed by a person other than applicant/participant, please sign and complete representative information.

Print Name Signature of Representative Date

Address City, State, Zip Code Phone

☐ I am interested in applying for Section 8 Rental Assistance only.

Return to:

West Valley City Housing Authority
4522 West 3500 South
West Valley City, UT 84120

Phone: 801-963-3320

Fax: 801-963-3518